



Raising the Bar for Treatment Expectations in Schizophrenia

Premiere Date: Tuesday, Sept. 30, 2003

Live Broadcast: 12:00–1:00 p.m. ET

Taped Re-Air: 3:00–4:00 p.m. ET

Also on the Web: psychcme.duke.edu

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For more information or to register
 for this FREE one-hour activity,
 please visit psychcme.duke.edu or call
877.CME.PROS.

Statement of Need

Do clinicians expect and accept a level of partial or noncompliance as a facet of schizophrenia? Partial or noncompliance is a treatment reality in any chronic illness, but can be of particular concern in schizophrenia. Consequences such as relapse, symptom exacerbation, and rehospitalization are closely tied to the issue of partial compliance in schizophrenia. In this evidence-based psychCME TV activity, the experts discuss clinical strategies that can be employed to address the challenge in treating schizophrenia and identify opportunities to raise our expectations for treatment.

Activity Goal

To employ treatment strategies that will improve compliance and raise treatment expectations in patients with schizophrenia.

Learning Objectives

At the end of this CE activity, participants should be able to:

- Review the impact of partial compliance on patients with schizophrenia.
- Evaluate new treatment approaches for improving long-term outcomes in patients with schizophrenia.
- Consider clinical strategies to raise treatment expectations for improving long-term outcomes in schizophrenia.

Target Audience

Physicians, nurses, case managers, psychologists, pharmacists, and other healthcare professionals with an interest in mental health.

Commercial Support

The FCG Institute for Continuing Education and CME Outfitters, LLC, gratefully acknowledge an educational grant from Janssen Pharmaceutica in support of this CE activity.

Credit Information

CME Accreditation and Credit Designation:
 This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The FCG Institute for Continuing Education and CME Outfitters, LLC. The FCG Institute

for Continuing Education is accredited by the ACCME to provide continuing medical education for physicians. The FCG Institute for Continuing Education designates this educational activity for a maximum of 1.0 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

CNE Accreditation and Credit Designation:

This activity for 1.2 contact hours has been approved by The FCG Institute for Continuing Education. The FCG Institute for Continuing Education is approved as a provider of continuing education in nursing by the Colorado Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

CCMC Credit: This program has been approved for 1 hour by the Commission for Case Manager Certification (CCMC).

CEP Approval and Credit Designation: This program is cosponsored by The FCG Institute for Continuing Education and CME Outfitters, LLC. The FCG Institute for Continuing Education is approved by the American Psychological Association to offer continuing education for psychologists. The FCG Institute for Continuing Education maintains responsibility for the program. The FCG Institute for Continuing Education is offering 1.0 credits for successful completion of this program.

CPE Accreditation and Credit Designation:

The FCG Institute for Continuing Education is accredited by the American Council on Pharmaceutical Education as a Provider of continuing pharmaceutical education. This program has been assigned the Universal Program Number 086-999-03-029-L01 (live presentation) and 086-999-03-029-H01 (recorded programs) and has been approved for 1.2 contact hours (0.12 CEUs).

To receive credit, participants must review all activity materials in their entirety, score 70% or above on a post-test, and fully complete and return both the credit request form and activity evaluation. A certificate or statement of credit will be mailed to all who successfully complete these requirements.

FAX completed form to **301.897.3506**

PVA

Site or Individual Name: _____	# of Participants: _____
Degree: _____	Practice Setting: <input type="checkbox"/> Community Mental Health <input type="checkbox"/> State Mental Health <input type="checkbox"/> Private Practice <input type="checkbox"/> Other: _____
Address: _____	
City/State/ZIP: _____	
Ed'l Contact: _____	Phone: _____
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